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Bib Data Sheet

CONFIRMATION NO. 8681

SERIAL NUMBER 08/824,496	FILING DATE 03/14/1997 RULE	CLASS 381	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. JCC396A
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APPLICANTS
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS ***** *2*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 08/06/1997

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 3
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TITLE
 IFB SYSTEM APPARATUS AND METHOD

FILING FEE RECEIVED 1570	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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